

Better Choices, Better Health: Living Well Alaska
Workshop Leader Feedback Form

Please help evaluate *Better Choices Better Health* by having both leaders fill out leader feedback forms at the end of the 6-week Workshop. Please submit participant feedback forms and attendance records with leader forms.

1. Your name: _____
2. Coordinator? To whom will you submit your evaluation forms? _____
3. Are you a (check one)
a. Course Leader? ____ b. Master Trainer? ____ c. Certified Master Trainer? ____
4. When were you trained as a CL/MT? Date: _____ By whom: _____

5. Where did you give the Workshop? (Site address, e.g., Knik Clinic, 1 Main St, Knik, AK 99712)

Location: _____

Address: _____ City: _____ Zip: _____

6. When did you give the Workshop?
 Dates (mm/dd/yyyy): **from** ____/____/____ **through** ____/____/____

7. How many people attended: Session 1 _____ Session 2 _____ Session 3 _____
Session 4 _____ Session 5 _____ Session 6 _____

8. How many people completed **at least 4** out of **6** sessions? _____ **6 out of 6?** _____

9. Were you satisfied with how the Workshop went overall?

not at all satisfied	1	2	3	4	5	6	7	8	9	10	completely satisfied
-------------------------	---	---	---	---	---	---	---	---	---	----	-------------------------

10. How comfortable were you teaching the Workshop?

not at all											completely
comfortable	1	2	3	4	5	6	7	8	9	10	comfortable

11. Overall, to what extent do you think the participants taking this Workshop were engaged?

not at all engaged	1	2	3	4	5	6	7	8	9	10	completely engaged
-----------------------	---	---	---	---	---	---	---	---	---	----	-----------------------

Complete both pages

12. Please identify any challenges you experienced to implementing the workshop? Check all those that apply.

- ☐ Costs ☐ Your time ☐ Location ☐ Charts
- ☐ Recruiting participants ☐ Participant drop-out
- ☐ Organizational support ☐ Difficult participants
- ☐ Brain storming ☐ Action plans ☐ Catching participants up if they miss a session
- ☐ Session contents: if yes, which sessions _____
- ☐ Other challenges: _____

13. Are there any topics related to CDSMP that you would like learn more about? Check all those that apply.

- ☐ Recruiting ☐ Advertising ☐ Action plans ☐ Dealing with challenging participants

Others: if so, which ones? _____

14. If you would like, please share any participant success stories. No names please.

Please submit the leader feedback forms with the participant pre and post forms and attendance records to your designated coordinator (Leslie Shallcross, Linda Shepard, and/or Barb Stillwater).

Thank you!

***Better Choices Better Health /State of Alaska/SCDPHP
3601 C Street Suite 722/Anchorage AK 99503***